

Possession of Marijuana/THC and Possession of Marijuana Paraphernalia
Diversion Information Sheet

The following guidelines have been adopted by the Wichita City Attorney's Office for the Marijuana/THC Diversion program in Wichita Municipal Court. Only possession of marijuana/THC or possession of marijuana paraphernalia charges will be diverted through this program. Other drug related charges may be eligible for diversion through the drug court diversion process.

Diversion is a **privilege** afforded an accused and not a right. No presumption in favor of diversion exists in any case, and the burden of persuasion rests with the applicant to establish that a diversion agreement will best serve the ends of justice and the interests of the community, public safety and the rights of victims.

It is not required that the defendant have an attorney for the purpose of diversion, however, a defendant has the right to employ an attorney and have him/her present throughout the diversion application process.

Eligibility: Factors Considered

In determining whether or not diversion is appropriate, the City Prosecutor will consider a number of factors. Some of these factors include:

1. The nature of the crime and the circumstances surrounding it.
2. Any special characteristics and circumstances of the defendant.
3. Whether the defendant is a first-time offender.
4. Whether the diversion program is appropriate to the needs of the defendant.
5. The impact of diversion on the community.
6. Recommendations of the involved law enforcement community.
7. Recommendations, if any, of the victim.
8. The amount of restitution, if applicable, owed by the defendant.
9. Any mitigating or aggravating circumstances surrounding the crime.

You must not have had a conviction, Deferred Judgment or Diversion for such a crime or similar within the last (five) years of the date of offense.

Procedures

A \$25 non-refundable application fee is to be paid to Municipal Court prior to the initiation of the diversion process. The City Prosecutor will review requests for diversion and may require a diversion conference with the applicant. Please review the following carefully:

- A. The diversion application **must** be completed on the form provided by the Clerk of the Municipal Court. Photocopied reproductions will not be accepted. Applications are available in the Municipal Court Clerk's Office – 2nd floor, City Hall, 455 North Main. You can also download the application from the City of Wichita website at www.wichita.gov.
- B. A minimum payment of \$200 is due at the time of signing the contract. All remaining fines and court costs are due ninety days after signing the contract.
- C. The defendant or the defendant's attorney will be notified if the diversion application has been approved. If the application is denied, the defendant or the defendant's attorney will be notified in writing.

The Diversion Agreement

If the City Prosecutor approves a diversion agreement, the terms and conditions will be reduced to writing for approval and signature by both parties. The executed diversion agreement will be filed with the Municipal Court and criminal proceedings will be suspended as long as the defendant fulfills the terms and conditions of the diversion agreement. Upon successful completion of the agreement, the City Prosecutor will move to dismiss the charge(s) with prejudice with costs assessed to the defendant.

If at any time during the diversionary period the City Prosecutor finds that the defendant is no longer fulfilling the terms of the agreement, the City Prosecutor will file a Motion to Revoke the agreement and resume criminal proceedings.

The charges for Possession of marijuana/THC or possession of marijuana paraphernalia will be diverted for a 6 month period.

Fine	\$250.00
Diversion Fee	\$110.50
Court Costs	\$ 81.50
Application Fee	<u>\$ 25.00</u>
Total	\$467.00

As a condition of the diversion, a drug and alcohol safety action program (ADSAP) must be completed within ninety days of signing the diversion agreement.

Court Approved marijuana programs: A full list of agencies is attached.

ADSAP

TREATMENT PROVIDER LIST

<u>AGENCY</u>	<u>PHONE #</u>	<u>ADDRESS</u>	<u>SERVICES</u>
<u>ALCOHOL & DRUG SAFETY ACTION PROGRAM</u>			<u>One-Day Educational Classes</u>
<u>A New Dimension</u>	<u>265-8600</u>	<u>2422 S. Seneca St., Suite A.</u>	
<u>ADAPT</u>	<u>721-0971</u>	<u>9505 W. Central, Suite 103</u>	
<u>A Clear Direction</u>	<u>260-9101</u>	<u>162 N. Hillside</u>	
<u>Advanced Counseling Solutions, LLC (formerly Advanced Solutions Addiction Management)</u>	<u>788-1664</u>	<u>9415 E. Harry St., Suite 404, Wichita, Ks 67207</u>	
<u>Preferred Family Health</u>	<u>613-2222</u>	<u>830 S. Hillside</u>	
<u>Changing Habits, LLC</u>	<u>409-5242</u>	<u>1115 S. Glendale, Suite 204 (Parklane Shopping Center)</u>	
<u>Higher Ground</u>	<u>262-2060</u>	<u>247 N. Market</u>	<u>Spanish only</u>
<u>Hunter Health Clinic</u>	<u>262-0517</u> <u>262-3611</u>	<u>2318 E. Central</u>	
<u>The Caring Center</u>	<u>295-4800</u>	<u>714 S Hillside</u>	
<u>The Restoration/Knox Center</u>	<u>265-8511</u>	<u>2924 E. Douglas</u>	
<u>Recovery Unlimited</u>	<u>West</u> <u>-941-9948</u> <u>East</u> <u>-612-9002</u>	<u>W-3835 W. Douglas</u> <u>E-555 N. Woodlawn Suite125</u>	
<u>STOP</u>	<u>686-7884</u>	<u>8911 E. Orme, St. Suite. A</u>	

The City of Wichita Municipal Court does not endorse and/or recommend any of the listed treatment providers. This list is provided as a resource to help defendants locate a treatment provider that is certified and/or licensed by the State of Kansas.

City of Wichita-Municipal Court
455 N. Main Street • Wichita, KS 67202

Marijuana/THC Diversion Application

***A non-refundable \$25.00 application fee must be paid with this application
to initiate the Diversion process.***

Docket Number: _____ Attorney: _____
Attorney address: _____
Court Date: _____ Attorney phone: _____
Attorney email: _____

I REQUEST CORRESPONDENCE REGARDING MY DIVERSION IS SENT BY (PLEASE CHOOSE ONE)

EMAIL _____ POSTAL MAIL _____ if by email, my email address is: _____

ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

TELEPHONE NUMBER-HOME () _____ WORK () _____ CELL () _____

SOCIAL SECURITY NUMBER _____

AGE _____ DATE OF BIRTH _____ RACE _____ SEX _____

FULL ADDRESS: _____

LIST ALL PREVIOUS ADDRESSES FOR THE LAST 3 YEARS:

Address _____	City _____	State _____	Zip _____
Address _____	City _____	State _____	Zip _____
Address _____	City _____	State _____	Zip _____

LIST ANY ALIAS/MAIDEN NAME(S) _____ PLACE OF BIRTH _____

SINGLE _____ MARRIED _____ DIVORCED _____ SEPARATED _____

IF MARRIED, SPOUSE'S FULL NAME _____ DATE OF BIRTH ____/____/____

NAME ALL DEPENDENTS _____ DATE OF BIRTH ____/____/____

_____ DATE OF BIRTH ____/____/____

DRIVERS LICENSE NUMBER _____ STATE OF ISSUANCE _____

IF STUDENT, LIST PERMANENT/PARENT'S ADDRESS _____

CLOSEST RELATIVE NOT PRESENTLY LIVING WITH YOU: NAME _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Relationship _____

WORK EXPERIENCE

List your employment for the last six years. If you need additional space, use a blank sheet of paper.

PRESENT EMPLOYER _____ HOW LONG _____ TITLE _____

ADDRESS _____ CITY _____ STATE _____ PHONE _____

WEEKLY SALARY \$ _____ SUPERVISOR'S NAME _____

COMPANY NAME _____ ADDRESS _____

CITY _____ STATE _____ SUPERVISOR'S NAME _____

FROM _____ TO _____ JOB TITLE _____

COMPANY NAME _____ ADDRESS _____
CITY _____ STATE _____ SUPERVISOR'S NAME _____
FROM _____ TO _____ JOB TITLE _____

COMPANY NAME _____ ADDRESS _____
CITY _____ STATE _____ SUPERVISOR'S NAME _____
FROM _____ TO _____ JOB TITLE _____
HIGHEST LEVEL OF EDUCATION COMPLETED _____
WHAT COUNTY ARE YOU CURRENTLY A RESIDENT OF _____
WHAT STATE _____ HOW LONG _____

MEDICAL HISTORY – (BRIEF LIST)

PHYSICAL
CONDITION _____

LIST ANY PREVIOUS DRUG OR ALCOHOL TREATMENT RECEIVED _____

LIST ALL MEDICATIONS: _____

**CRIMINAL RECORD
(ATTACH ADDITIONAL PAGES IF NECESSARY)**

List **ALL** prior or pending offenses, including criminal, traffic and juvenile.

Include **ALL** arrests and convictions, even if subsequently expunged.

Also, list any other diversion programs you have previously participated in.

Date	Offense	Location	Disposition	Parole/Probation Officer

PLEASE STATE IN DETAIL THE FACTS WHICH CAUSED THE **CURRENT** CHARGES AGAINST YOU TO BE
FILED: _____

PLEASE STATE WHAT YOU BELIEVE TO BE ANY MITIGATING FACTORS CONCERNING THE CRIME(S)
WITH WHICH YOU ARE CHARGED:

EXPLAIN WHY YOU FEEL YOU COULD SUCCESSFULLY COMPLETE THE DIVERSION PROGRAM:

I have read the foregoing application. All of the information is true and correct. I understand that if any of the foregoing information is not true and correct, this may be a basis for denial of the diversion or a revocation of my diversion. I request a continuance of the court date for my case to allow the City time to review my application and obtain the information necessary to determine whether or not a diversion can be granted. I understand that I have a right to a speedy trial and I knowingly and voluntarily waive the right to speedy trial.

I understand and agree that in the event it is learned I have falsified or omitted any part of the application for Diversion, including but not limited to, my listing of prior traffic and criminal offenses, it shall be considered a violation of my Diversion Agreement and I may be taken off the program. I agree that a criminal justice report, including, but not limited to, a Department of Justice report, KBI report, Police Department or Sheriff's Department report, and/or Department of Revenue report, may be admitted as evidence in any court, without foundation, to prove prior traffic or criminal offenses.

I understand and agree that I have an ongoing duty to update the City Attorney's Office of any changes in the information regarding my application including information regarding any traffic or criminal offenses.

I understand that failure to respond to any question will render the application incomplete and the City Attorney's Office will not consider the application.

I understand if the diversion conditions are not completed, the Prosecutor's Office will mail a Motion to Terminate Diversion to the address I listed on my application.

DATE

APPLICANT